Acute Pericarditis associated with acquired Toxoplasmosis in an Immunocompetent Patient.

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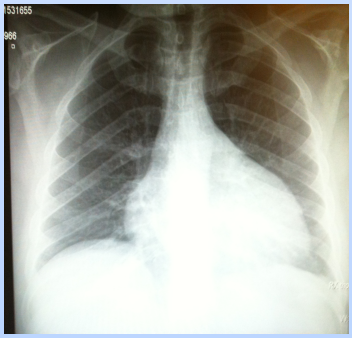
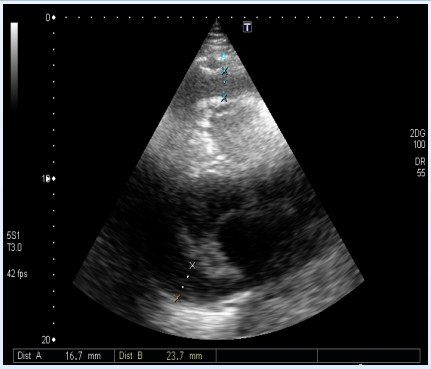
Case report

A 45-year-old man was admitted to the emergency department complaining of fever, asthenia, myalgia and sore throat for 2 weeks. On examination, muffled heart sounds and distended jugular veins were noticed with normal blood pressure and 100 rhythmic heartbeats per minutes. Because of a markedly enlarged cardiac silhouette on chest X-ray (Figure), transthoracic echocardiography was performed, revealing a massive pericardial effusion with a « swinging heart » aspect (Figure). Diastolic compression of the right ventricle was responsible for left ventricle under-filling. As a consequence, a pericardial window operation was performed with the removal of a 450cc serologic pericardial fluid. The diagnosis was supported by the serologic test positive for acute toxoplasmosis. Outcome was favourable under pyrethamine, sufadizine and folic acid therapy.



Chest X-ray showed an enlarged cardiac sihouette



Pericardial effusion estimated at 30 mm

Discussion

Infection due to Toxoplasmosis Gondii is highly prevalent in Europe. Most cases in immunocompetent hosts are poorly symptomatic. Extremely rare cases of severe diseases with myocardis, pericarditis, encephalopathis, hepatitis or pneumonitis have been reported. The pericardium may be affected in isolated or generalised form of the disease. Routine laboratory studies are usually unremarkable except for minimal lymphocytosis and nominal increase in serum aminotransferase levels. Serologic testing makes the diagnosis, but myocardium biopsy remains the gold standard. Current treatment is based on a combination of pyremethamine and sulfadiazine (or clindamycin) for 2 to 4 weeks, usually leading to complete recovery. However, rare cases of chronic pericardial effusion and constrictive pericarditis have been reported in the months following the first infection. In these cases, tachyzoites were found either in the pericardial fluid or in pericardial biopsy.

Conclusion

Pericarditis associated with Toxoplasma gondii infection is a rare disease. However, it should be considered in the aetiology of acute pericarditis or myocarditis, because a specific and efficient treatment is available.